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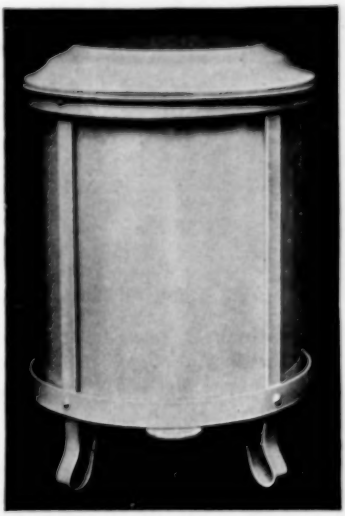

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A Monthly Journal for the Nurses of Canada

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OCTOBER, 1924

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A Daughter of Canada

By JEAN E. BROWNE

MARY AGNES SNIVELY

FROGMORE, the little secluded village near Windsor, where the remains of the revered Queen Victoria are interred, is little less than a shrine to the English-speaking world. Only those who have special permission from the reigning sovereign of the British Empire are admitted to its sacred precincts. The high honor of placing a wreath on the Queen's grave in the presence of a delegation of Canadian nurses fell to the lot of Mary Agnes Snively. The events connected with this

honor are incidents of a romance in which every other daughter of Canada will be interested.

The romance is not that of an individual but of a profession—a profession which, if measured by humanitarian standards, ranks second to none. Miss Snively has been accorded the same position in nursing in Canada that Florence Nightingale holds in the civilized world. The qualities by which the nursing profession in Canada is known—the combination of the highest standards of scientific training with unceasing devotion to the welfare of patients—have been indelibly stamped on the training schools of this country by the remarkable personality of the woman about whom this article is written.

Registered nurses today and the public whom they serve are disposed to view with complacency the present-day standards of nursing. It is well for both those within the profession and the public at large to know something of the long, persistent struggle of the Canadian pioneers in the building up of the standards which prevail at present. Miss Snively was the leading spirit among these pioneers in Canada.

Miss Snively's Early Life

Mary Agnes Snively was born in St. Catharines, Ontario, on November 12th, 1847. Her father, Martin Snively, who was of Swiss descent, was born at Niagara Falls, Ontario, and her mother, Susan M. Copeland, came with her parents from Armagh, Ireland, to Lewiston, N.Y., at five years of age.

As a little girl, Mary Snively was deeply attached to her maternal grandmother, Mrs. Agnes Lowrie Copeland. The grandmother was a woman of marked personality. She was characterized by her courage and a strong sense of personal religion. Early in 1823, she and her husband and family of eleven children arrived at Lewiston after a trying ocean trip of three months in a sailing vessel and an arduous journey by land from New York. Shortly after the arrival of the family the husband was instantly killed, and his widow was left to cope single-handed with the necessity of rearing a large family. With the traditional courage of our pioneer ancestors, she met the situation without flinching. We would say that she succeeded because she had pluck; she gave the credit entirely to the Lord.

Early in life Mary Snively exhibited evidence of that perseverance which marked her whole career. When she was about three years of age, her mother became seriously ill. Her nurse would not allow any of the family to go into her patient's room. The little, three-year-old daughter was consumed with a desire to see her mother, but all admittance was sternly refused. It so happened that near the door of her mother's bedroom there was a table covered with a tablecloth which came close to the floor. Little Mary hid herself under the table, and the first time the nurse left the room, she slipped in unseen. Her mother was lying still with her eyes shut. Her little daughter did not disturb her, but stood at the foot of the bed gazing at the dear face so curiously still. The look reassured her and she slipped out and hid under the table once more until the nurse returned. It was not until she had grown up that she ever divulged this episode.

Her childhood passed happily in the home in which she was born. After graduating from the High School, she was appointed to the staff of the Public School Board in St. Catharines. In this position she showed remarkable gifts. An inspector's report of her work at this time stated as follows:—

"This is to certify that I am well acquainted with Miss Mary Snively, and know her to be an excellent teacher. For some years she taught in the Public

Schools of St. Catharines, and was considered by the trustees and inspector as one of the most efficient teachers on the staff. She is a faithful worker, her methods are good, and she exerts a wonderful moral influence in dealing with children. I have, therefore, much pleasure in recommending her to any Board requiring her services."

(Signed) JAMES B. GRAY,
Inspector Public School.

The credit of interesting Miss Snively in nursing is due to Louise Darch and Isobel Hampton. Both of these young women taught in schools near her's and both became famous in the nursing world afterward. Miss Darch was evidently a woman of great determination. She it was who first advised Miss Snively to enter the nursing profession. Her concise and rather dramatic suggestion was given in these words: "You have cultivated the mental and nervous long enough; it is time for you to begin cultivating the physical." At the same time, Miss Darch applied for entrance to the Bellevue Hospital Training School for Nurses, but she had also applied for a teaching position in Minneapolis. Both her applications were accepted at the same time, and she decided to accept the teaching post in Minneapolis. She then tried to get her friend Miss Snively to take her place in Bellevue, but Miss Snively's mother would not give her consent to anything so radical. Miss Darch then turned her attention to another gifted St. Catharines teacher, Isobel Hampton. The latter consented to take Miss Darch's place in Bellevue. The brilliant career of Isobel Hampton Robb is well known in nursing circles both here and abroad.

After Miss Hampton entered the Bellevue Training School, she began trying to induce Miss Snively to come too. It was not until after Miss Hampton had spent part of her first holidays at Miss Snively's home that her mother finally gave her consent.

In October, 1882, Miss Snively left her beloved home in St Catharines for New York, and entered the Bellevue Hospital Training School.

Her Training in Bellevue Hospital

The Bellevue Training School is the pioneer school on this continent, having been organized in May, 1873. It owes its existence to the vision of a small group of women in New York, inspired by Mrs. W. M. H. Osborn. These women wished to demonstrate what a change could be brought about in the nursing of the sick if educated women could be induced to take a training. It was a difficult task to impress their point of view on the Commission of Charities by whom the public hospitals were run, but they finally succeeded in getting permission to start the training school at Bellevue. They had to undertake the entire financing of the school. One of the house-surgeons at Bellevue at this time was Dr. W. Gill Wylie, whose interest in the training school idea led him to go to England with the purpose of studying the Nightingale method at first hand, and to bring back a report, in order that in every detail Mrs. Osborn's committee should be guided in its undertaking. When Dr. Wylie returned from England he was able to convert several members of the medical board to the training school idea. An appeal was then made to the public of New York for funds to establish the school. The plan was received with enthusiasm at once, and a substantial sum of money collected in a very short time.

The school was modelled on the principles established in the Florence Nightingale School in St. Thomas' Hospital, London, England. Sister Helen, an English nurse, was the first Lady Superintendent. She started

her training school in May, 1873, with only six students.

At first there was opposition from the medical staff, but soon the doctors came to realize that careful, kind and intelligent nursing given in the wards, under the school, resulted in the more rapid recovery of the patients, and in fewer complications and deaths after operations. So with this argument, Sister Helen and the committee were able to persuade the city authorities to permit the extension of the nursing service to other wards, and thus, little by little, the school progressed until all the women's wards were taken over.

The sanitary arrangements in the hospital were at that time very poor. It was a constant battle with dirt, poor food and unsanitary conditions of every kind. Little or no plumbing existed; hot water had to be carried in buckets or pails. The hours for duty for the nurses fairly stagger the imagination. These hours at first were from 4 a.m. to 10 p.m. and then, if need be, the nurse watched through the night by lying down in a room next the ward. When a night supervisor was added to the staff, the hours were reduced.

In these early days, because of the pressure of the work to be done, the teaching was confined to general neatness and cleanliness and the physical comfort of the patient. The committee, however, were eager to follow the plan of teaching laid down by Florence Nightingale, and, as more pupils came to the school, it was possible to begin systematized courses in instruction in Anatomy, Physiology and Hygiene. Doctors were engaged to deliver lectures on these subjects and others.

Sister Helen returned to England in 1876 and her place was taken by Miss Eliza Perkins, a New England gentlewoman, whose high ideals and wise leadership exerted a lasting influence on the school. The school continued to grow rapidly. In 1879 there were sixty-three pupils and many more applicants than could possibly be received. At the same time requests were coming in from all over the country asking for Bellevue graduates to start other training schools. It was to this "Mother of American Training Schools" that Miss Snively came in 1882, in the ninth year of its existence.

(To be continued.)

NOTES ON NURSING IN DENMARK

The Danish Nurses' Association will register schools of nursing for the future, according to the minimum number of sick days yearly for patients in the hospitals with which the schools are connected—and not, as earlier, according to the number of beds and the daily average of patients. Hospitals giving a full three-year course must have at least 11,000 sick days yearly, while hospitals having only 4,500 sick days are allowed to have schools of nursing, if affiliations in larger hospitals—lasting at least one year—are procured.

Within the last few years there have been too many nurses in Denmark according to the present need of the population. The nurses' association has over 5,000 active members to a population of three million of people. An earnest request has, therefore, lately been made by the association to all nursing schools, asking them for the future to employ one graduate nurse to every two pupil nurses—an appeal which will probably be granted as quickly as other requests made by the association. — International Council of Nurses, Bulletin No. 111.

Editorial

TRANSFER OF "THE CANADIAN NURSE"

At the general meeting of the Canadian Nurses' Association held in Hamilton, June 23rd-25th, 1924, it was decided to move the office of "The Canadian Nurse" to our National office at 609, Boyd Building, Winnipeg, for reasons of economy. At the same meeting, Miss Randal, who has been editor and business manager of "The Canadian Nurse" for the past eight years, handed in her resignation.

At a meeting of the Executive immediately following the Convention. Miss Jean S. Wilson, Executive Secretary, was designated as acting-editor and business manager without additional salary. The present office space in the National office is adequate, so that there will be no additional rent and telephone, and one stenographer will be able to handle all the work. It has been necessary to give the acting-editor some assistance in editing and proofreading which will entail a small expenditure.

The members of the Canadian Nurses' Association will see at once that, with this arrangement, it will be necessary to give a great deal of voluntary assistance to the acting-editor in the way of gathering interesting material for our national magazine.

We can see no reason why the professional nursing magazine of Canada should be one whit behind similar magazines in other countries. Certainly, if we all pull together, we should be able to produce one of which we can all be proud. Let us get together and work for it.

JEAN E. BROWNE, President.

The League of Red Cross Societies' Nursing Advisory Board

In order to fully appreciate the significance of the first meeting of the Nursing Advisory Board of the League of Red Cross Societies, which took place in Paris April 23-25 last, it is necessary to turn back a few pages in the history of the League.

When the Cannes Conference of medical and nursing experts met in April, 1919, to draw up a skeleton organization for the League, they proposed that the League Secretariat should include a Nursing Department, and that the chief aims of this department should be: (1) to act as an intelligence centre for information on all matters pertaining to nursing; (2) to undertake propaganda in countries where trained sick nursing and public health work are not at present fully developed; (3) to assist suitable personnel to obtain the necessary training; and (4) to arrange for conferences of representative nurses.

The Nursing Department was accordingly organized on this basis, and the first year was spent largely in the collection and tabulation of information on the international nursing situation. At the first General Council in March, 1920, Miss Alice Fitzgerald, then Chief of the Department, reported that, as the result of her investigations, she had concluded that the most urgent task before the Department was the provision of a training course for public health nurses so that they could be gathered together from the different

countries for post-graduate study. Upon completion of this training the nurses would be ready to return to their own countries to take up pioneer work in the organization of public health nursing.

The recommendation was heartily approved by the General Council and the following September the first International Public Health Nursing Course was opened at King's College, London, under the auspices of the League. Later the course was transferred to Bedford College, London, and, at the last General Council, Miss Olmsted was able to report that 48 nurses from 31 different countries had already graduated and that 19 students from 15 different countries are following the present course—the fourth of the series.

From the beginning the attention of the Nursing Division had been more particularly turned to Public Health Nursing as forming an integral part of the peace-time health programme of national Red Cross Societies. The General Council of 1922 endorsed this when it recommended that public health nursing, together with the development of the Junior Red Cross and of popular health instruction, be placed in the forefront of Red Cross activities. It was also recommended that the League's Nursing Division should endeavor to stimulate the organization of schools of nursing of the highest order in those countries where institutions of this kind do not already exist.

The years 1922-24 saw a continued development in the work of the Division. In addition to the organization of the courses at Bedford College, a number of Red Cross Societies were assisted in the establishment of training schools for general as well as public health nursing. Many visits were paid by Miss Olmsted, Director of the Division, to European centres to give advice and assistance. A delegate of the Division also took an important part in organizing the nursing work of the Health Demonstration at Jumet, Belgium, in which the League is collaborating with the Belgian Red Cross.

With all this work in hand, it became more and more evident that an Advisory Body to assist the Division would be of the utmost value. Emphasis was gradually passing from the stimulation of public health nursing generally to the evolution of definite plans and methods of training in the various countries. As far back as 1922 the idea of a Nursing Advisory Board, on similar lines to the League's Medical Advisory Board, had already been brought up on the occasion of the American Red Cross National Convention in Washington, at which both the Director-General and Miss Olmsted were present. It was felt that the value of the work of the Division might be considerably enhanced if the advice and assistance of a committee of nurses, constantly in touch with the problems of their profession and with the conditions prevailing in the different countries, could be secured.

The question was brought before the Board of Governors in May, 1923, and its approval was unanimously given. Nothing remained but to appoint the members of the Board. The following members were, therefore, nominated:

Baroness Mannerheim, President, International Council of Nurses, Chairman;

Mlle. Flourens, French Red Cross;

Miss Elizabeth Fox, Director, Public Health Nursing Service, American Red Cross;

Miss Lloyd Still, Matron, St. Thomas' Hospital, London;

Miss Charlotte Munck, President of the Scandinavian Nurses' Union;

Countess d'Ursel, President of the Federation of Belgian Nurses' Associations, with Miss Olmsted, the

League's Director of Nursing, as secretary.

The Board is fortunate in having secured the services of such distinguished and representative nursing leaders. Baroness Mannerheim is already well known, both for her work in furthering the cause of nursing in Finland and for the high ideals which she has always upheld in her capacity as President of the International Council of Nurses. Mlle. Flourens represents the Union des Femmes de France, which has been active in promoting nursing education in France. Miss Fox brings to the Board a unique knowledge of public health nursing which will make her counsels of very special value; while Miss Lloyd Still is a recognized authority among training school administrators in Great Britain. This is not the first time she has lent her services to the League, for she was a member of the original Nursing Committee of the Cannes Conference. Miss Charlotte Munck, besides being President of the Danish Nurses' Association, is also President of the Scandinavian Nurses' Union, which upholds the interests of nurses in all Scandinavian countries. Through the efforts of the Countess d'Ursel the standard of nursing has been considerably raised in Belgium, and she has been instrumental in founding the Federation of Belgian Nurses' Associations, of which she is the first President.

At the first meeting of the Board, which was held at League headquarters on April 23rd, 1924, prior to the opening of the General Council, the Countess d'Ursel was unavoidably absent, and her place was taken by Mlle. Delphine Borginon. Baroness Mannerheim, Chairman of the Board, presided, and, in addition to the members, the following had been invited in an advisory capacity: Miss Dyke, Director of Public Health Nursing of Toronto Public Health Department; Miss Coode, Sister Tutor at St. Thomas' Hospital, London, and Mrs. Carter, Directrice of the League's International Public Health Nursing Course.

The question of the international organization of nursing was discussed, and the hope expressed that in the future close co-operation may be maintained between the League and the various agencies working in the interests of nurses.

The discussion on the International Public Health Nursing Course at Bedford College led to a recommendation that the League should endeavor to secure funds for a home for the International Students, and this recommendation took rapid and unexpected effect at the subsequent General Council meeting, when, as stated in our last issue, the President of the Czecho-Slovak Red Cross offered 50,000 francs, the American Red Cross 500,000 francs and the British Red Cross an unspecified contribution. These generous offers have since been increased by a gift of 1,000 florins from the Dutch Red Cross for the same purpose, and active negotiations are already under way to secure a suitable building in London for the proposed home. It was also recommended that the League should continue to award scholarships for the International Course to supplement the contributions of those countries unable to meet the whole expense.

Another recommendation dealt with the provision of suitable nursing literature in the various languages; a problem in which the League's Nursing Division has for some time been actively interested. The Board advocated the lending out by the League of suitable manuals to the different countries, to enable them to prepare text-books, written by nurses, for their own use. It also recommended that, when possible, the League should provide financial assistance to help in the expenses of publication.

The preparation of pamphlets on nursing subjects was considered an

essential part of the work of the Division, of great value to member societies, and the Board recommended the further development of this activity.

With regard to regional nursing conferences, the Board approved of the League calling meetings of national Red Cross Societies' Nursing Committees for the discussion of their nursing problems, when such meetings are desired by the societies. Nursing associations, nurses, and others interested in nursing may be invited to attend such meetings.

After discussing training school curricula, the Board recommended that the League should draw up a model plan for a nurses' training school in connection with a hospital of 100 beds, in consultation with experts on nursing education.

These are only a few of the more important recommendations. All the deliberations of the Board were marked by careful insistence on practical details; and the guidance it has given cannot fail to be of the greatest assistance to the League Secretariat in its future work, i.e., the development of nursing throughout the world through the intermediary of national Red Cross Societies.—The World's Health, July, 1924.

Diabetic Clinic—Hospital for Sick Children, Toronto

By Dr. GLADYS BOYD

The influx of juvenile diabetics which followed the discovery of insulin rendered the establishment of a diabetic clinic at the Hospital for Sick Children, Toronto, imperative. A gift of $10,000 from J. D. Rockefeller a little over a year ago made it possible to secure an expert dietician and various accessories essential to a fully equipped clinic of this kind. It is premature as yet to draw conclusions as to results, but the frequency with which improvement has been noted, not only in general health but in partial recovery of pancreatic function, makes us hopeful of the outcome in those who are faithful to treatment. The following case was reported at the annual meeting of the Canadian Society for the Study of Diseases of Children, in June this year, because of the association of very marked clinical improvement with confirmatory pathological findings.

A boy of nine years of age had had diabetes since two; during all these years he was wisely treated by diabetic measures, and for a time made a favorable response. Frequent infections, however, gradually reduced his tolerance to almost nil. He came to the Hospital for Sick Children in January, 1923. He was then an emaciated dwarf, frequently confined to bed with acidosis, and was almost a total diabetic. Insulin treatment was commenced without delay. During 1923, he doubled his weight and trebled his tolerance for food. His general condition enabled him to hold sway as "leader of the gang" in his neighborhood. He was killed in an accident and a post-mortum was done shortly after death. The pancreas was of the normal size and appearance for a boy of his age; the microscopic examination revealed evidence that the pancreas under the insulin treatment was regenerating; in place of the scarcity of islets usually seen in juvenile diabetes, many islets of all ages and sizes were seen and the parent cells of the islets tissue were greatly increased in amount. Evidences of regeneration in the human pancreas have been scant, so that no hasty conclusions should be made from this single case which apparently shows it; and the fact that an animal pancreas can regenerate completely, raises great hopes that insulin may yet prove a cure when given in such a way that the disease is kept under control.

The International Council of Nurses

1899—JULY FIRST—1924

By MISS C. REIMANN, Secretary of the International Council of Nurses

In the summer of 1899 the International Council of Women held a Congress in London. The Matrons' Council of Great Britain and Ireland being a member, had nurses representing several countries as guests, and took a very active part in the program. Under the auspices of this association, the International Council of Nurses was founded July first. A year later its constitution was formed, and its officers were elected on the vote of nurses in Great Britain and Ireland, the United States of America, the Dominion of Canada, the Commonwealth of Australia, New Zealand and Denmark. Mrs. E. Bedford Fenwick, of London, who sponsored the movement, was elected President; Miss Lavinia L. Dock, of the United States of America, Hon. Secretary; and Miss M. A. Snively, of Canada, Hon. Treasurer. The latter was succeeded within a few years by Miss Margaret Breay, who is still in office.

During the past years the work of the Council has been carried on by the helpful correspondence of Miss Dock, and through Congresses which have been held:

1901 in Buffalo, U.S.A.
1904 in Berlin, Germany
1907 in Paris, France
1909 in London, England
1912 in Cologne, Germany

All the distinguished women of the nursing world have taken active part in these international meetings. Such names as Edith Cavell, Isla Stewart Isabel Hampton Robb—not to speak of all the prominent living members in the different countries—have been the source of inspiration to nurses from all five continents.

The methods and ways of regarding nursing problems were formerly different in many respects in the various countries, but through these international gatherings our professional work has been, to a certain degree, put on a common basis, and a universal nursing language or, as Mrs. Hampton Robb called it, a "nursing Esperanto," has developed. It has been possible to discuss common needs and difficulties, and through these discussions nursing education has been stimulated and promoted. It is impossible to tell how much these international professional discussions have influenced the standards of nursing legislation, administration of nursing organizations, institutional management, introduction of preliminary courses for probationers, etc., in the various countries.

During the recent war, the work of the International Council of Nurses was discontinued. Since then it has been most difficult to resume it. Two business meetings were held in Copenhagen, Denmark, in 1922 and in 1923. Now we are planning a Congress in Helsingfors, Finland, July 20-25, 1925, under the leadership of Baroness Sofie Mannerheim, who has been the President of the Council since 1922.

Since the war, the development of nursing has been very rapid in most countries of the world. In order to promote progress in our beloved profession, for the good of mankind as well as for the good of ourselves, international co-operation is absolutely necessary. No country excels in every respect, and no country lacks in every respect. We all have something to learn and something to give. Let us, therefore, make our International Council for the coming 25 years not only an inspiring and helpful institution, as it has been hitherto, but a Council which will be able to take an active leadership in nursing for the good of its members.—Bulletin No. 111.

Student Government in Schools of Nursing

By Miss JEAN I. GUNN
Superintendent of Nurses, Toronto General Hospital

The subject of student government in schools of nursing has been so much discussed, and the system is already in operation in so many schools, it would seem that further information would not prove of interest.

It has always been difficult to understand why schools of nursing were so late in instituting the system of student government when the same system had proved so successful in almost every other kind of school or college. Once established, it seems the most logical way in which to develop the qualities of character considered so essential in a member of the nursing profession.

In the establishment of any new system there are many difficulties. Some schools have reported the system of self-government unsuccessful, after an attempt to introduce it. The failure was not due to the system or to the principles on which the system is based, but to some misunderstanding and resultant failure in its operation. The early difficulties have to be met as they arise, and may be easily adjusted, provided the establishment of the new system has had a satisfactory beginning. There are two outstanding factors necessary to the success of any system of student government in a school of nursing; the first being an honest desire on the part of the students to undertake self-government, and the second, an open-minded, tolerant and appreciative attitude on the part of the Superintendent of Nurses. Self-government cannot be forced on any group of students, but few student groups will fail to be interested if they really understand. The Superintendent of Nurses must, however, be prepared to see many of her strictest rules and regulations discarded, and an entirely new order of things introduced.

To administer any system of government properly a certain amount of organization is necessary. This will vary in practically every school, but it is found that in the majority there is some similarity. The President and other officers of the Executive Council are usually elected by the entire student body, while representatives of the different classes in the school are appointed by the class they represent. There is usually a Committee of Appeal; the personnel of this committee being chosen from the graduate-nurse staff of the hospital. This committee serves only in an advisory capacity when asked to do so by the Student Council.

One of the first responsibilities of the student body is to decide on rules for the conduct of the students in their residence life. Some of these rules may seem almost revolutionary when compared with the good old rules that have been handed down from one generation of nurses to the next. However, since the system of self-government is limited to the residence life of the student, and does not in any way affect the discipline of the hospital, it is wiser to allow them to try out their own suggestions rather than condemn them without a trial. Many superintendents of nurses find the students themselves realize very promptly when a suggested rule is not proving practical, and then they make the necessary change.

There are many difficulties in the early days of the organization of student government. One of the most outstanding, and probably the most discouraging, is the apparent

lack of interest on the part of many of the student nurses and the failure to accept any individual responsibility for the success of the undertaking. To this type of student the Student Council represents student government and she misses entirely the personal benefits that make the system so valuable. This difficulty, while a very real one, is soon overcome. The new students entering accept the organized system and the disinterested and unresponsive group gradually grows smaller. It is not likely that any school will reach the ideal condition of having each individual student accept her full share of responsibility; but at least the number lacking in this respect can be so small that there is very little influence in the school as a whole.

Quite unintentionally, the graduate nurse staff of the hospital often proves a source of trouble. This usually results from a lack of understanding of the method of enforcing self-government, and at first a certain lack of sympathy with new methods. It is very necessary to have the sympathetic support and co-operation of this hospital group if the best results of student government are to be secured. Even more essential to the success of the undertaking is the co-operation of the Superintendent of Nurses. She should be very careful to leave the governing of the students in the hands of the Student Council. The Superintendent of Nurses is so accustomed to dealing with the many situations that arise in the administration of the school that she may fail to pass on the responsibility to the Student Council. Under these circumstances, the students very soon feel that they have student government only in name, since the actual governing is taken from them, and even the most interested and broad-minded will lose interest. The necessity of allowing the student group to assume all responsibility, and to accept their ruling in deciding any question under discussion, cannot be over-emphasized. The Committee of Appeal may always serve in an advisory capacity when matters of importance are being decided.

The responsibility for deciding penalties for misdemeanor develops the student nurse in many ways, since she must set aside her personal feelings and regard principles. The penalty must fit the misdemeanor, otherwise a feeling of injustice arises and the punishment fails in its purpose. Another element that has to be considered is wise publicity of penalties. Too often, the student body knows the penalty without knowing the misdemeanor. Under student government there is a very natural channel through which the necessary information may be given to the student group. A feeling of fair play will go a long way in building up the welfare of the school, setting high standards for conduct and influencing the whole group to live up to them.

The advantages of student government are very soon shown. The system of placing responsibility on the student group develops initiative, self-confidence, the spirit of co-operation, school spirit and individual responsibility for school ideals. It is also a means of the student gaining experience in conducting meetings, since all meetings of the student group are conducted along the lines of proper parliamentary procedure. The fact that there is a definite school organization has the effect of greatly increasing the social activities of the school, which proves a very direct benefit for all the students. The most far-reaching result, however, is the increased confidence in the administrators of the training school, and an intelligent understanding of the need for discipline in maintaining high ideals of conduct.

The superintendent of the school finds herself in close touch with the students, since the plan of student organization affords a very satisfactory channel through which she may approach the students and they may

approach her. It removes the personal element which many times prevents the knowledge of existing conditions from coming to the attention of the superintendent. She possesses a much fuller knowledge of conditions as they really exist, which naturally affords her more opportunities of making her administration of the school more efficient and successful.

The system of student government should prove a great advantage to any school if properly administered. No system is successful simply because it is a system. The basis of all student control should be confidence. Without confidence in the students on the part of the superintendent, and in the superintendent on the part of the students, any system of government is doomed to failure. If a superintendent of nurses possesses confidence in her group of students, student government is the best opportunity she will find for showing it. If she lacks confidence in the students to the extent of hesitating to entrust to them the conduct of their own personal living, it would seem that no system of control could possibly bring about the desired results for which she is striving; since the aim of all interested in nurse education is to qualify women to meet the many opportunities of service which are open to all nurses of the present day.

ACTION

Is there any species of mankind who knows more about "action" than does the nurse? When I hear those mysterious references of the scientist to "atomic energy" and "perpetual motion," my mind calls up a vision of a blue-and-white figure "doing up" one side of the ward before morning rounds.

But how about the graduates? Individually we are probably leading lives of achievement, but collectively, what are we doing? How many alumnae associations of graduate nurses are there in Canada, and how much does Canada know of their existence? I believe an organized group of trained nurses, however small, is one of the most potential factors for community service which our modern civilization has produced. And I have a feeling we are wasting our substance, not in riotous, but in somnambulent living. I attended a convention a couple of years ago, and as representative of my own alumnae I read a carefully prepared report of so many meetings, so much correspondence, so much business transacted, etc., and was quite proud of the way in which we had conducted out little splash of affairs; and quite a number of other representatives stood up and read their neat little reports of meetings, correspondence and business. It was quite fine, as far as it went, but I had a feeling of ineffectiveness afterwards. I'm wishing now that I could have reported so-and-so-many undernourished babies helped by a milk supply, so many classes held in home nursing among the underprivileged mothers of our community, or among the young girls who will in a short while be under-privileged and under-trained mothers. I wish that every alumnae in Canada could spread out of its own little circle and leave its imprint on the life of its community.

"Public health work" and "prevention of disease" are commonly used phrases these days. Many communities are recognizing the need and appointing school or public health nurses. They must have difficulties that could be helped by an alumnae. No hard and fast programme can be laid down—every community has its own problems to be solved in a particular way. In towns where there are local hospitals (or Victorian Order nurses) how welcome baby clothes would be for those wee souls who have but lit-

tle trousseau awaiting them! How the superintendent would appreciate a campaign for preserved fruits and jams to augment her larder! The Red Cross Society is ready and willing to help in the formation of home-nursing classes, Junior Red Cross branches, or any activity coming within their field of work.

When I was in training, one of the girls who played for morning worship frequently chose the old hymn, "For all the saints who from their labors rest." I never got farther than that first line, for my whole weary being was absorbed in a dream of a pearly realm filled with a multitude of lounge chairs in which reposed beings clad in the blue-and-white stripe or pink-and-white check garb which marks the nurse-in-training.

I wonder if we have not retired to realms of ease a bit too soon. Graduation is not the end of our obligations. There is still much to be done before the Final Rounds are made, and for every one of us any needy soul within our reach is "our side of the ward."

Alumnae of Canada—a little action, please!

"QUONDAM."

Today! That is the marvel, that out of the swiftly-moving, ever-changing vapor which is Life we should achieve anything so definite. Today never goes. There is a thing called "yesterday," but that is only the dustbin at the door into which we cast our refuse. There is a thing called "tomorrow," but that is the storehouse of today, bursting with far better things, emotions, loves, hopes, than those we have discarded. But into "today" the whole passionate force of the universe is poured, through us, through all things, from "today"—the marvel!—(From "Old Mole," by Gilbert Cannan.)

THE IMPORTANCE OF PERSONALITY

(The following is the opening paragraph of an article by Frank Dilnot in the August issue of "The Sphere," 1924.)

With all the world's new inventions, with all the changing political programmes and fetishes, it remains as true now as ever it has been that the source of achievement and of happiness in all fields is to be found in the individual human spirit. The strong heart, careless of surroundings, moulds the circumstances of any time. The innovating brain makes history in spite of environment. The quizzical wit, regardless of convention, stirs into unexpected and startling forms the amalgam we call life. Unconquerable the nation which has the germ of these men through the generations.

ONTARIO

Miss Gertrude Spanner, R.R.C., formerly Assistant Superintendent and Instructress of Nurses at the Winnipeg Children's Hospital, has been in charge of the Red Cross Soldiers' summer outpost at Toronto Island. Associated with her were Miss E. McEachren, R.R.C., Miss Agatha Gamble, Miss Margaret Duncan and Miss Alma Finnie, the three latter nurses having received temporary transfer from the Soldiers' Military Hospital.

The names and addresses of the convener and members of the Publication Committee will be found listed in the Official Directory columns. This committee wishes to announce that inquiries regarding the whereabouts or activities of ex-nursing sisters should be sent to the convener or to the provincial representatives. A stamped envelope should be sent with each inquiry. Ex-nursing sisters resident in the United States or abroad are asked to send their names and addresses to the convener, **Miss Maude Wilkinson, 410 Sherbourne Street, Toronto.**

All contributions of professional interest from the provinces relative to this Department should be forwarded to the provincial representative in the respective provinces.

Manitoba Hospital Association Annual Meeting

The annual meeting of the Manitoba Hospital Association was held in Winnipeg on September 2 and 3 in conjunction with the International Sectional meeting of the American College of Surgeons. A joint session was held by the two bodies. In his presidential address Dr. A. B. Alexander, of the Municipal Hospitals, advocated the policy of treating tuberculosis cases in small hospitals near their own homes when in an advanced stage.

Dr. George S. Stephens, Superintendent of the Winnipeg General Hospital, adversely criticized the Government grant towards hospital maintenance.

Papers were read on the Organization and Services of a Hospital; The Hospital and the Doctor as Co-operating Factors in Diagnosis; The Hospital Trustee and his Responsibility; Improvement in State Hospitals under Standardization.

A public community meeting was held in the Central Congregational Church on the evening of September 2nd at which five short addresses of interest to the public were given.

On Wednesday, September 3rd, the sessions were held at the Nurses' Residence of the Municipal Hospitals, Winnipeg. In the absence of Miss Martin, the chair was taken by Miss Kinder, of the Children's Hospital, Winnipeg.

Miss McLeod, of Brandon Hospital, gave a paper on "The Nursing School" and the minimum requirements under the Act.

In dealing with "The Affiliated Course," Miss Houston, of Ninette Sanatorium, answered the following two questions:

(1) Is it necessary?

(2) How should the time be spent in the course?

Miss Jean Wilson, Executive Secretary of the Canadian Nurses' Association, gave a paper on "Travelling Teachers," which evoked a good deal of discussion. The advisability of bringing such a scheme into effect was assented to by all who were present.

After discussion the following resolution was passed:

Be it resolved that measures be taken to obtain data from the training schools of Manitoba as to whether a scheme for providing a travelling instructor and advisor to visit the schools and give special courses would be welcomed.

Dr. Baragar, of Brandon, kindly undertook to issue such a circular, tabulate the results, and report.

A large number of questions of interest were discussed at the round table conference, conducted by Dr. Malcolm McEachern, during the afternoon session.

The following new officers were elected:—President—Mr. H. N. McNeill, Dauphin; Hon. Secretary—Dr. Dugald McIntyre, Winnipeg.

Department of Private Duty Nursing

Report of the Private Duty Section, Canadian Nurses' Association, Hamilton, June 25th, 1924

Wednesday Morning

The meeting of the Private Duty Section of the Canadian Nurses' Association was held at Hamilton, on the twenty-fifth day of June, 1924. The meeting was called to order at 9 o'clock a.m., Miss Edith Gaskell, the Chairman, presiding.

The minutes of the last annual meeting of the section were read and adopted.

After the address of the Chairman, the Secretary's report for 1922-1924 was presented and adopted.

The Treasurer's report for 1922-1924 was read and adopted.

The reports of the Provincial Committees 1922-1924 were read, as follows:—New Brunswick—Convener, Miss M. McMullen; Nova Scotia—Convener, Miss J. F. Watkins; Quebec—Convener, Miss C. M. Watling; Ontario—Convener, Miss H. Carruthers; Manitoba—Convener, Miss Frost; British Columbia—Convener, Miss E. McLeay.

Unfortunately, due to the postal strike, the reports were not received from Saskatchewan and Alberta.

The report of the Publication Committee was given by Miss Clara Brown, in the absence of Miss Cahill, Toronto.

Correspondence.

Resolutions

(a) That whereas the undue length of the working day of the private duty nurse is either forcing many such nurses into other branches of the profession, or out of the profession altogether, and thus depriving the private duty body of experienced nurses, to the great detriment of this body;

(b) And whereas the length of the working day in any other profession than that of nursing, or in any other branch of the nursing profession is not so great as is that of the private duty nurse;

(c) And whereas the continual overweariness, due to long hours of the most exacting kind of labor, must inevitably result in a much poorer quality of service rendered to the sick;

(d) And whereas the private duty nurse knows that even a ten-hour day is too long for the kind of work she has to perform, yet because she realizes the difficulties under which hospitals carry on, and because she desires to disturb hospital management as little as possible, therefore, be it resolved:

1. That the hours of duty for private duty nurses in hospital be from 8 a.m. to 6 p.m., and 8 p.m. to 6 a.m.

Moved by Miss Jamieson, seconded by Miss McKay, that resolution be adopted.

Carried.

2. Be it resolved, that each provincial private duty convener be sent to the convention of the Canadian Nurses' Association—her expenses to be paid by the Provincial Association.

Moved by Miss Watling, seconded by Miss Hamilton, that this resolution be adopted.

Carried.

3. Be it resolved, that each Provincial Association defray the expenses of its Private Duty Committee.

Carried.

4. Be it resolved, that the private duty convener in every province should have a place on the provincial executive.

Moved by Miss Brown, seconded by Miss Parsons.

Carried.

5. Be it resolved, that a full report of all the meetings of the provincial private duty committees be forwarded to the National Chairman, who in her turn will report to the National Executive.

Carried.

Moved by Miss Hamilton, seconded by Miss O'Connor, and carried, that the Private Duty Section pass the foregoing recommendations on, in their entirety, to the general meeting for their approval.

Election of Officers

Moved by Miss Haslett, seconded by Miss Munroe, that the following officers be elected:

Chairman—Miss E. McElroy, Ottawa; Vice-Chairman—Miss E. Hamilton, To-

ronto; Secretary-Treasurer—Miss Belier, Ottawa.

Unanimously carried.

New Business

Moved by Miss C. Brown, seconded by Miss E. Hamilton: That a committee on Nursing Progress be formed in the Private Duty Section.

Carried.

A lengthy discussion arose in reference to the employment of undergraduates in private homes; and it was moved by Miss E. Dickson, seconded by Miss C. Brown, and carried, that the Private Duty Section send a recommendation to the general meeting that an Inter-relations Committee be appointed with membership from the Canadian Medical Association, to make a study of this question, the appointment of such a committee to be left to the executive.

Moved by Miss Hamilton, seconded by Miss McLeay, that a standing vote of appreciation be tendered the chairman and retiring executive for their services in the Private Duty Section during the last two years. Miss Gaskell suitably replied.

A discussion was entered into in reference to the place of the visiting and housekeeping nurse—Miss Gunn, Miss Parker, Miss Shaw, Miss Randal and others taking part.

There was a strong feeling that the practical and housekeeping nurse should have a definite place in the profession, but that she should not in any way take the place of the graduate nurse. Miss Gunn was of the opinion that there was need for both a housekeeping and visiting nurse, but was opposed to the idea of having trained nursing attendants, as advocated by Miss Parker, supervisor of such a scheme in Montreal.

The business being completed, a motion to adjourn was made by Miss Mathieson.

(Sgd.) B. M. FIFE,
Secretary.

PROVINCIAL REPORTS

BRITISH COLUMBIA

The Private Duty Committee had a hard struggle for existence during 1922-1923, but during the past year there has been a marked improvement in private nurses' affairs. This was accomplished by an Institute for Private Nurses being held in connection with the summer school at the University of British Columbia. This course included lectures and instruction in theoretical and practical nursing as well as round table discussions. Among subjects for discussion were: (a) Hourly Nursing, Group Nursing (particularly in hospitals); (b) Shorter Hours for Nurses; and (c) The Standing of Nurses on Boats to the Orient.

Since the course the private duty nurses of Vancouver have four hours off duty some time during the day when on twenty-four hours' duty.

During the past year our meetings have been held in the afternoon and we have found that there has been a larger attendance. After our business session we always have some interesting speaker give us a short talk. One such talk was on the mentally deficient child and we were asked to co-operate in securing instructors for these children.

We have planned for another Institute at the opening of the University this fall, after which we will map out the work for the coming year.

(Sgd.) E. McLEAY, R.N.,
Convener.

MANITOBA

The Private Duty Committee here held two meetings at which the question of shorter hours was discussed. Recently arrangements have been made between the hospitals in Winnipeg and the private duty nurses whereby the nurse may have an eleven-hour day in cases that do not require constant attention.

A number of the private duty nurses attended the Extension Courses for Nurses held annually at the University of Manitoba.

(Sgd.) M. FROST,
Convener.

NEW BRUNSWICK

The Private Duty Committee held its first meeting on June 12th, 1924, at which representatives were present from several districts in the Province.

We have had great difficulty about fees and at our meeting arranged a schedule of fees which we will present to the Provincial Association for approval.

We are trying to have the nurses become interested and hope to increase the membership of the committee.

(Sgd.) M. McMULLEN,
Convener.

NOVA SCOTIA

The Private Duty Committee has been formed recently. A convener was appointed by the Nova Scotia Graduate Nurses' Association, and through correspondence with the nurses in the cities and towns the committee was organized. It is hoped our next report will contain a record of the results of some of our efforts.

(Sgd.) JANE F. WATKINS,
Convener.

ONTARIO

The Private Duty Committee has pleasure in presenting its third annual report.

The year just closed has given a large number of new graduates from the various hospitals throughout the province; very many of them are engaged in private duty nursing and to all of these we extend a very hearty welcome, and hope that they will take an active interest in matters pertaining to our particular branch of our chosen profession.

The province of Ontario covers an extensive territory, and we feel that it is not easy to get as close personal touch with the private duty nurses as one would desire, but last summer, for the week of August 13-18, a large number gathered together in the city of Toronto. They had come in answer to an invitation for the purpose of attending a short term extension course in connection with the University of Toronto. At the annual meeting of the G.N.A.O., held in Peterboro, it was decided at our round table conference that we should endeavor to organize a refresher course.

This was the first course of its kind ever undertaken by private duty nurses, and it was with some fear and trembling that the Toronto members of the committee set to work to arrange the various details of the course in conjunction with Mr. Dunlop of the University. Mr. Dunlop was most interested in our plans and gave us every assistance possible, securing for us the best lecturers obtainable in the various subjects in which the nurses desired instruction. To have men who are at the heads of the various departments in the University give us one, two or four hours of their time during the week made us realize that our course was no mean one—we were being given the best that the University could provide. The subjects to be discussed were: English Literature (4 hours); Psychology (4 hours); Public Speaking (4 hours); Contagious Diseases (2 hours); Diet and Disease (2 hours); Influenza, Sleeping Sickness and Pneumonia (1 hour), and Emergency Surgery (1 hour).

The Private Duty Committee felt that to listen to lectures on the chosen subjects was not altogether what a refresher course was for. The nurses must get into the hospitals and see for themselves new methods and practices carried on in the wards. Many nurses, particularly those from the smaller towns, get little opportunity to go to a hospital after completion of training. Consequently it was in their interests that the superintendents of the University hospitals were approached and asked to co-operate with us in our endeavor to make the course a real success. In each case our request was received with the utmost interest and kindness, and they promised to do whatever we asked them to do.

When the many details of the course had been completed and the last notice sent out to the nurses telling them of our plans and asking them to attend, a few of us wondered what the result would be. We had promised at least twenty, which is the initial number the University required. On the Saturday previous to opening Mr. Dunlop had about two hundred out-of-town nurses registered for rooms. On Monday morning at 9 o'clock we reported at the Mining Building, where registration took place and the first two lectures were given. The room was too small for all those who sought admission, so we were directed to the Physics Building, a much larger hall, and there we remained for the rest of the week. Instead

of 20 we had 340 registered. The gathering of such a number of nurses, the very large majority of whom are engaged in private duty nursing, was an eye-opener to the University of Toronto and the medical profession.

Lectures were held each morning from 9 to 12, and it is interesting to report that there were very few late-comers. The vast majority were found wending their way towards the hall soon after 8.30.

On the first afternoon, at the Toronto Western Hospital, the subject discussed was "Diets in the Different Types of Nephritis." At the Hospital for Sick Children we were given "Blood Groupings and Transfusion," with an actual demonstration. At St. Michael's Hospital we had been promised something in surgery, and 150 out-of-town nurses were accommodated in the three operating theatres, and 50 in each room witnessed an operation. The other nurses were conducted to the X-Ray Department, laboratory, etc., where doctors and assistants did everything in their power to show us new developments. At the close of an afternoon that seemed altogether too short, the nurses were entertained at tea by Mother Superior. A fourth afternoon was spent at the Toronto General Hospital, where a practical talk on the "Nursing Care of Diabetes" was given by Miss Rosamond Coutts, the nurse in charge. This was very instructive and interesting, and many of those present realized they had learned something more about diabetes than they could ever get from the newspapers. At the conclusion of the lecture the nurses were shown over the hospital. This was much appreciated.

At the kind invitation of Miss Dickson, Superintendent of Nurses, we visited the Sanitarium and Queen Mary Hospital at Weston. To those who had never been at a T.B. sanitarium before, it was quite a revelation to see such beautiful buildings, so thoroughly equipped. All were much impressed with the little children. Supper and a corn-roast on the banks of the Humber made a wonderful ending to a perfect day. On the Saturday afternoon most of the nurses returned to their homes, but about seventy attended a tea party at the Toronto Graduate Nurses' Club, after visiting the Lakeside Home at Centre Island. This ended a week of combined work and pleasure.

It may be interesting to know that representatives were present from practically every alumnae association in Ontario, from Port Arthur to Ottawa inclusive. At least fifteen different American hospitals were represented, three English and one Scotch, also Regina, Vancouver and Montreal. A number from the latter were nurses who were visiting in Toronto on holiday, and who were glad to take advantage of the course. Dr. Beverley Hannah and Prof. Clarence L. Starr each asked the question, "What is the reason of so many nurses coming together in this way during the summer vacation?" Needless to say they were delighted to know that the nurses were keen to learn something which would be of benefit to them in the days to come. This was the spirit which seemed to be in the heart of every one present, and each lecturer felt he had a most attentive audience. As the week wore on the interest did not wane, but rather increased, and many were sorry when the last morning came. The 11 o'clock lecture by Prof. Starr, head of the Department of Surgery of the University, made a splendid ending to an eventful week.

The foregoing is a short report of our one big undertaking during the year. The course was provided for the small sum of $2.00 a member, and the out-of-town nurses had rooms in the University residences for $4.00 per week.

As the result of our example, we are pleased to advise that the Michigan State nurses are planning to hold such a course this year, and have already been in touch with Mr. Dunlop of the University of Toronto, who was only too willing to assist them in their endeavor.

We are glad to report that more nurses have applied for accident and health insurance. Since last April 362 have taken out policies. The amount of claims paid is $4,019.12. These figures are only approximate, as a number of claims are now pending, awaiting adjustment. Altogether, in Ontario, there are 1,200 nurses

insured. Nurses in Quebec province have taken the question up, and already a large number have taken out policies.

The Private Duty Section in "The Canadian Nurse" had been provided by the Toronto nurses. We wish the nurses in the other cities and towns would feel it was their duty to collect articles for our magazine. It seems hardly fair that the Toronto nurses should have all the work and all the credit in this respect. I think all will agree that the articles contributed have been interesting and profitable to those engaged in active nursing. We hope to maintain the standard in the months to come.

(Sgd.) HELEN CARRUTHERS,
Convener.

QUEBEC

During the year 1922 very little, if anything, was accompliished by the Private Duty Committee of our province. In 1923, meetings were held each month (with the exception of the summer months), and various subjects of interest to the private nurse were discussed.

At the December meeting of the Canadian Nurses' Association of Montreal, the Committee on Private Duty Nursing arranged for the evening's programme, and an interesting and very instructive lecture on "Insulin" was given by Dr. Rabinovitch of the Montreal General Hospital. Among the many problems of the "Special Nurse," which we have been discusssing, is the question of shorter hours, but so far we have been unable to arrive at any solution of the matter.

Insurance against accident and sickness was also taken up, and after a good deal of discussion, the committee decided to endorse the policy offered by the Continental Casualty Company; accordingly Mr. L. J. Emond, Provincial Superintendent of the Company, was asked to address a meeting of the nurses, which he did, and explained to them the advantages of holding such a policy, and the benefits to be derived from it. The result has been most gratifying. Over five hundred nurses have taken out insurance against sickness and accident, and several have benefitted already.

In May of this year, under the direction and through the kindness of Miss F. M. Shaw, Directress of the School for Graduate Nurses, McGill University, we were able to arrange a short extension course for Private Duty Nurses. The course was held at the University from May 5th to 10th inclusive, and consisted of round tables, lectures in Private Duty Nursing, Psychology, Tuberculosis, Communicable Diseases, Nutrition, Mental Hygiene and Obstetrics. Demonstrations were held at the Royal Victoria, Montreal General and Alexandra Hospitals.

Thirty nurses registered for the course —two of them from London, Ontario. The lectures were very helpful and instructive, and greatly appreciated by all who attended. We hope that it may be possible to have a similar course next year, with a very much larger attendance.

(Sgd.) CHRISTINA M. WATLING,
Convener.

Broadcasting Health

A new factor has entered into health propaganda work with the popularization of wireless telephony. Districts which were formerly inaccessible to health propaganda units, or only reached at considerable cost, can now be reached daily by wireless and supplied with up-to-date health information.

An article on Town Planning, by M. Georges Risler, which was published in The World's Health of April last, has been broadcasted from the Marconi station in Montreal by Dr. Kennedy over a radius of 2,000 miles, with an estimated total of 200,000 listeners.

The Alberta Division of the Canadian Red Cross has been making great use of the radio for broadcasting popular health talks, particularly to children throughout the province. This has been a much appreciated feature of the health work in Alberta, and seems to be an example which could advantageously be followed by other provinces.

Department of Nursing Education

NURSING PROGRESS IN CANADA

By Miss F. M. SHAW, Reg.N.

It is my privilege to bring to your notice this evening some of the special ways in which nursing work and nursing education have developed in Canada during the last two years. One feels glad to have the opportunity of doing this on an occasion when one's audience is, in part, made up of lay people, for today we find intelligent, enthusiastic lay people co-operating with professional workers in much that concerns the health and social welfare of the community. I feel strongly that the time has come when we of the nursing profession should make a very real effort to share with the laity to the fullest extent possible our hopes, our plans, our problems and our visions in order that by their co-operation our common responsibilities may be more fully met, and the community more effectively served.

Public Health Nursing

It is common knowledge that Public Health today is a new thing, dealing with the individual and his habits of life, not merely or chiefly with his environment. So we must have a new type of health worker, one trained to teach right living, to advise and direct, "A Health Missionary" in short, and for this work the specially prepared nurse is acknowledged to be the right person. Perhaps it may be well here to quote a recent definition of Public Health Nursing—"Any type of health or social work done by a nurse which she could not do without being a nurse."

Let us now consider briefly Public Health Nursing in Canada. In every province but Quebec and Prince Edward Island, the Provincial Department of Health employs nurses to carry out definite programmes of health education and health supervision in the homes of the people. In some provinces the special type of health work known as school nursing comes under the Department of Health; in others, Ontario, for example, it is carried on under the Department of Education. New Brunswick is to have two nurses in every county; these nurses will co-operate with the Provincial Medical School Inspector. In Manitoba, in 1923, through the Health Building at the Brandon Exhibition, and the Better Health Car of the Better Farming Train, and the Health Poster Competition of the school children, numbers of people have been effectively reached. In localities where health work is not carried on, private societies are active—for example, the splendid work of the Child Welfare Association of Montreal, with eighteen nurses and eleven Child Health centres, and the generalized public health nursing done by the Victorian Order of Nurses.

The employment of nurses to do health work by large industrial firms —so-called Industrial Nursing—is on the increase; however, in this connection it may be well to call attention to the fact that because a nurse is employed in an industry she is, unfortunately, not necessarily doing real Industrial Nursing—that implies progressive, educational health or social work—whereas, nurses may be, and are, employed in industrial firms chiefly to give first aid, and to keep check on absent employees for the benefit of the firm.

New health centres offering a great variety of clinic service are being established—for instance, those in St.

John, Halifax and Saskatoon, financed by the Red Cross Societies (in some instances under their direction). Generalized public health nursing is being carried on in many remote places of our Dominion, and an increasing number of classes in home nursing are being organized. The importance of mental hygiene in all health work, as of the nurse in mental hygiene, is being increasingly recognized. "Follow-up" nursing work is being carried on in connection with psychopathic and behaviour clinics.

Private Duty and Institutional Work

Added to the demand made upon the nurse for her work. Here also, we now expect her to be everywhere and always a teacher of disease prevention and of hygienic living, and here, as elsewhere, we must all remember one can only really teach what one practices oneself.

Nursing Education

From these many and varied spheres of nursing work, let us turn to the question of the preparation of the nurse for her work. Here also, we find encouraging progress since we met in Edmonton. All the provinces have registration, and as a result, standards (both of required experience and of teaching) have been raised. Province after province, as you heard this morning, reports affiliation of training schools in order that experience lacking in one school may be provided in another. A standard curriculum is reported by British Columbia, Saskatchewan, Quebec and Ontario. Inspection of training schools is part of the Ontario Act, which, as you know, is a provincial measure. Inspection, with practically the force of a government measure, is successfully carried on in British Columbia. The Quebec schools have been twice inspected by a member of the Provincial Executive (may I say here that I think it is time we considered falling in line with modern thought and changing the name of inspector to that of supervisor?). A supervisor goes to the school to aid, to counsel, to do constructive work and routine inspection. But to return to our subject, properly qualified instructors are now found on the staff of an increasing number of schools. New Brunswick reports all schools with at least a part-time instructor. The registered nurses of British Columbia are providing a travelling dietitian to give instruction in the smaller schools. Organized nurses may work improvement in other phases of nursing, e.g., shorter hours, better equipment, the employment of ward helpers, new nurses' homes (here Hamilton is to be much congratulated). All of these tell the same story of progress in nursing education, because, unless students are properly housed and not overworked it is useless to add to their studies. Turning to signs of progress among the body of graduate nurses, we find that institutes, or short intensive courses, arranged I think in every case at the instance of the nurses themselves, have been given in British Columbia, Manitoba, Ontario and Quebec—and Alberta reported planning one. In British Columbia and Saskatchewan, summer sessions lasting five or six weeks have been given; the first in Saskatoon just after our last convention.

The University Departments of Nursing continue to edvelop. At the University of British Columbia the Departments of Health and of Nursing have amalgamated into the "Department of Nursing and Health." Here a landmark in nursing education in Canada occurred in May, 1923, when the first graduates of the combined Hospital and College five years' course, received their degrees as Bachelors of Science in Nursing. Ontario reports the establishment of a somewhat similar course at Western University, London.

By virtue of these things and many others mentioned in the detailed reports read at this morning's session, I think, in the words of our great leader, Miss Nightingale, "We are marching." You know she had a vision of nurses as teachers of health, that we are still very far from reaching. We need, all of us, to try to think out clearly what the community really needs from our profession. I say needs, advisedly, not demands. A demand may be a mistaken, short-sighted thing. Then, whether our special work be in the field of private duty, public health or hospital work let us endeavor to fit ourselves to supply these needs to the very best of our ability. One thing, I think, we all need to cultivate—that is the ability to see things as a whole. Our patient is the whole human being, body, mind and spirit, one part acting and re-acting upon the other—the family as a whole—not merely the individual who is for the time our special care. Those of us who are directly concerned with nursing education need to see the student nurse in a broader, deeper light, as a woman, as a citizen, as well as what someone has called "a becoming nurse."

In this connection I might mention that the aim of the new School of Nursing shortly to be established at the Henry Ford Hospital is to prepare for—

1st—Home-making.

2nd—Citizenship.

3rd—Co-operation in all that pertains to the health of the community.

4th—The giving of remedial care to the sick.

Now, we can hope to attain only in any measure to this ideal of nursing progress—

1st—By a deeper professional unity; a belief put into daily practice that all nursing is one.

2nd—Through the increasing sympathy with, and understanding of, our aims by the community, combined with such financial support as shall make the carrying out of these aims possible.

3rd—And lastly by the giving of our whole selves to our own particular task, remembering that it is only service plus sacrifice that spells joy.

(Address given at the C.A.N.E. Convention, Hamilton, June, 1924, by Miss F. M. Shaw, R.N., Director of School for Graduate Nurses, McGill University, Montreal.)

NOTES ON NURSING IN NORWAY

Within the near future, a Nurse Registration Bill will be presented to the Norwegian Parliament. The Norwegian Nurses' Association, which stands for a three-year continuous professional education for nurses in recognized qualified schools of nursing, is strongly opposed to "The National Organization for Prevention of Tuberculosis," which recommends a recognition of two types or grades of nurses: one, with a three-year professional education, for cities and hospitals; and one, with a professional education of one year and a half, for rural districts. There is no scarcity of nurses at present in Norway, as the eighteen schools registered by the Norwegian Nurses' Association graduate, between four and five hundred nurses yearly, which number, according to the report, is quite sufficient for the demand. It is most interesting to learn that these eighteen schools have always plenty of applications from young women wishing to enter for their professional education, while this does not seem to be the case with schools giving a shorter course. — International Council of Nurses, Bulletin No. 111.

Department of Public Health Nursing

THE HEALTHIEST COUNTRY

Which is the healthiest country in the world? It seems foolish to ask the question here, for this is. The fact was announced a few months ago at a meeting of a learned society at London, England. Some wise people in Canada seem to have known it for many years. In the migrating days in Ontario, they used to say that after a man had quit farming, and had raised a family, and was about to sit by the fireside awaiting his end, his wife and he could come West and begin life afresh.

The healthiness of the Western prairies is the invariable comment of its least observant visitors. They all expatiate upon how healthy looking are the countenances of the residents of the prairies, and upon the youthfulness of its old people. There are no old people on the prairies. The longer they live the gayer they become. Of course, the last people to see this are those who live here. Strangers have to point it out. British visitors see it. They are astonished to find here, frisky and active, aged men and women they used to know peddling around England in wheelchairs or patiently dying of gout and gossip in Scottish hydros. Other visitors, coming from the enervation of picturesque sections of the United States, envy us the bracing tonic inhaled from the Western prairie atmosphere.

There's no use telling this to a Western Canadian, because he never thinks about it. It doesn't concern him. It is like the nose on his face. He has to have it smashed before he realizes how good it is to him. With all the energy the prairie winter gives him, he'll long to be where the climate is warmer. He forgets, if he ever knew, about the enteric and the malaria, and the blackwater, and the snake bites, and the anaemia, and the liver, and the hundred and one other ailments that very soon turn the robust man of the Western prairie climate into a decrepit ancient in those hotter zones.

You can live the year round and enjoy every day of it here; you can't do that in any hot country anywhere. The Western Canadian needs to be told once in a while how good is his climate. He really needs to be told that for the good of his health. That is why the Free Press is glad to publish the following elucidation of the invaluable qualities of the prairie climate. It is written by a medical man who is an authority upon the health of a people fortunate enough to inhabit any province within the Western prairies. They have no richer natural resource than their climate, the finest in the world.

With those already in a normal state of health, the question of climate in determining a place for residence or travel is a comparatively small factor. To be sure, the great extremes are to be avoided, if we would live in comfort or travel in comfort—the constantly frozen areas within the Arctic circle or the exhausting and depressing heat of the Equatorial regions. Yet, even these two extremes maintain in health peoples, who, from age-long preparation by nature, have had their physical organization, their bodies, especially equipped by manner of life, food and clothing, not only to endure them, but even to find a measure of comfort and happiness amid their hardships. But there are some essentials for the preservation of good health in which climate may be said to play an important part, and these should have full consideration if location is a matter of choice and not necessity. These are sunshine, degrees of hu-

midity and, of course, variations of temperature within limits that would give the pleasing and comfortable effect of heat and the stimulating effect of cold.

Sunshine is the chief essential. It is nature's great purifier; without it for prolonged periods there is bodily deterioration; without it even the air breathed is deficient in those properties which enrich the blood and, through it our bodies, and give us energy, and vigor of both body and mind. In choosing a country for residence, or a region desirable for prolonged travel, we should, therefore, if possible, choose a sunny land.

The question of humidity is a matter of importance as well, however, and should be thoughtfully considered. Proper humidity of atmosphere adds to comfort of body; excess of it detracts from it. Humid heat leaves one listless and without energy—humid cold leaves one shivery and chilled to the marrow. The great heat of Egypt, with little humidity, is easily borne as compared with other sub-tropical regions where there is much greater humidity even with lower temperatures. Equally, the cold, and occasional low temperatures of these Western plains, without undue humidity is much more comfortably borne than similar or even higher temperatures of the sea-bordering portions of our country, where the ocean breezes are charged with moisture.

There is, too, this further consideration to be borne in mind for both health and comfort, that heat and moisture as found in southern latitudes favor the growth of germ life. Where these prevail in an extreme degree the mosquito and other forms of animal life that carry disease to humans, make their selected homes. Malaria and yellow fever are some of the well-known diseases that belong to hot, moist climates, and there are many other diseases, too, not so well known. Some of these, at least, are conveyed to the human by mosquitos and flies of a type that live and thrive only in hot climates.

Of course, a traveller wouldn't choose an Arctic home simply to avoid these. Freezing is just as unpleasant a process for the human as boiling. So, after all, the main consideration in selecting a place for a home or a region for travel, is that we can be assured that we shall neither freeze nor boil, nor suffer from malaria or yellow fever, or any other unhealthy or very uncomfortable condition that such climates foster and promote.

Consequently, we should seek a mid point somewhere between these two extremes of heat and cold, humidity and dryness. There lies the ideal country—a country with plenty of sunshine, where summer gives comforting warmth and promotes growth, where winter gives its invigorating tonic effect without suffering, and where in both seasons there is just that proper degree of humidity that is just short of dryness, and so adds to comfort. This mid-way place, these ideal conditions, we find on our own Western plains of Canada in a very full measure. Clear skyed summers, with their warm days and cool nights, where sleep and rest come with the night—we have them. Golden summers where the long continued sunshine seems to carry day far into night, and where both sun and sky, as the reddened orb of day sinks slowly beneath the horizon, make a picture, beautiful beyond the descriptive power of words or the artist's genius to paint. We have these, too, the things beautiful that gladden our eyes and cheer our lives. But robust health calls for winter as well, when nature slumbers and recuperates. We need the nipping frost to tone us up, to quicken our steps, to give us snap and energy; and such a winter, and such a health-giving and health-maintaining degree of cold, this West gives its people. True, the winter may be cold—it is cold. The Frost

King rules with a mighty sceptre in his hand, and we must heed his demands, but if we have ordinary good sense and employ it to obey these commands, it is just the amount of cold that we need, to give us without discomfort, the stimulation, the energy, the tonic effect and from these the courage we require if we would carry on in life, and fight and win in the struggle to "do things."
—Manitoba Free Press.

TUBERCULOSIS NURSING

Tuberculosis nursing is so all-inclusive that it is difficult to pick out a few points and consider they are the most important. There are, however, three or four that we may never allow ourselves to forget if we would make any impression on the work to be done.

Tuberculosis is a communicable, chronic disease. There may be active and inactive phases. This means that in our dealings with every active case, we must use and teach the family to use the same precautions that we would employ in any other communicable disease. The modern technique of concurrent disinfection is not offensive or difficult, as were older methods. It involves primarily common-sense and absolute cleanliness. Most people do not realize what is meant by absolute cleanliness; but they can learn. With less difficulty than at first appears, people can, if they will, form habits of hand washing, dish washing, and disinfection of discharges and clothing, which will protect the family from common colds and sore throats quite as well as from tuberculosis.

To prevent the development of an active tuberculosis is really the task of the infected person. But the nurse must teach him how to do it; encourage, and at all times maintain, his moral ability to do it; see that in some way or other he secures the material aids necessary; and never once think of letting him slip back, until he is husky enough and old enough, so that the possibility of active trouble is very remote. By that time he will have formed such good health habits that it will be easier than not to follow them the rest of his deservedly long life.

The detailed programme which this care and supervision of tuberculosis contacts involves is just the same as that required to build up a healthy body resistant to disease of any sort, with perhaps, one exception. There must be periodic chest examinations. Now that all public health workers are teaching an annual physical examination for everyone, the programme differs less than formerly. The required frequency of chest examinations and visits by the nurse are much discussed. The following general directions come from Bridgeport:

Active cases should be visited weekly, with examination whenever the physician desires.

Arrested cases should be visited monthly for an indefinite period. Yearly examination.

Suspicious cases, immediate examination for diagnosis.

Contact cases: adults should be visited monthly for one year. If both physical examination and X-ray done by physician show no signs of tuberculosis, dismiss.

Children should be visited monthly. Examination and X-ray yearly. If after one year there is no sign of tuberculosis, child should be visited and examined annually until twenty-one.

This outline is not necessarily the best possible. It may be all that can be done. It is considerably more than is actually accomplished in many places. We have never yet had enough money, workers or moral support to dare to propose what we would like to do.

It is manifestly impossible for the nurse doing tuberculosis work alone to carry out the necessary care for

active cases; the educational and supervisory support for contacts; and the general education of the public. Inasmuch as her goal is the same as that of all public health nurses, and the detailed method of work includes those of communicable disease control, acute bedside nursing, child welfare work in all its phases, industrial hygiene, the problems of indoor and outdoor relief, family social case work, and an infinite variety of other community welfare endeavors, her contact with other workers in the community is very close.

Upon her attitude toward these other workers, and the spirit of partnership which she can inspire in them, will depend to a large extent the success of all. For after all we are all working to the same end; there should be no quibbling or hard feeling as to duplication of visits, or which patient belongs to which organization.

When we have cared for the active case of tuberculosis, protected his intimate associates from the disease, taught the patient and those with whom he has come in contact how to build up their resistance so as to win the individual fight for health, learned how to pull with the whole team of community workers, there is still no easy task awaiting us. For we must so record our work that the generation of nurses following us will know what we have done, how we have done it, and may learn from the results they see, what mistakes of ours to avoid in order to accomplish still more. The public has a right to require that we shall be able at any time to state from our records the health condition of each member of those families we have carried for a number of years. Failure in this respect may not indicate lack of results, but it is a real failure nevertheless. It means a certain lack of appreciation of the responsibility we owe the public who support our work. It also means that we fail to use the best publicity methods for securing more money, more workers, and more voluntary patients; namely, the statement of results achieved.

We need then to remember four points in tuberculosis nursing—

1. That every active case is a focus of infection to be treated with a view to the recovery of the patient, and to preventing the spread of disease.

2. That in our work with contacts lies our greatest opportunity for preventing the development of active centres of infection.

3. That we must cultivate the most hearty co-operation with all other social agencies to incur the complete welfare of our patients.

4. That with all these we still fail if we do not give an adequate, intelligent and intelligible account of our stewardship.

(Extracts from a paper read by Florence M. Redfield, R.N., on Tuberculosis Nursing at the Connecticut Organization for Public Health Nursing Meeting, Waterbury, Conn.)

HEALTH QUOTATIONS

"Here's to your good health" is a phrase old, yet always new, a phrase that contains the major part of all the good things which come into the life of any individual.

What does Shakespeare say about health? What does he write on this all-absorbing, all-important subject? Did he believe in "health chores," the performance of which makes homely boys good-looking and plain girls distractingly pretty?

What did he write about sleep, food, fresh air, cleanliness, cheerfulness and general health?

In "Much Ado About Nothing" we find:

"It so falls out
That what we have we prize
Not to the worth
Whiles we enjoy it, but being lacked
and lost
Why then we ken its value."

—T. Dansdill.

Department of Student Nurses

THE TRAINING SCHOOL YEAR BOOK

I wonder how many nurses whom I have heard exclaim on finishing their course in a School for Nurses—"Thank goodness! I'm through and I never want to hear or think of the hospital again!" really mean it? I do not mind saying that I do not believe there is a nurse who wants to forget her training. It has really become part of her life, and has helped to develop her character, although she may not realize this influence at the time. Later, should this chapter of her life be in some way removed, it would be like depriving her of the use of a vital part of herself.

The nurse-in-training has so many opportunities for making friends and it is here one can appreciate to the full real friendship. There are endless joys and sorrows to be shared, intermingled often with heart-breaking experiences, and unconsciously this relationship develops a respect for our fellows and at the time impresses one very deeply.

Although one may possess the ability to remember to a marked degree, it seems impossible to keep these memories always fresh in mind and as the years pass many fade out gradually. If one had some way of restoring these memories at will, a great source of pleasure would be added to life. This the Year Book accomplishes. It holds the class together in spirit as nothing else could do in quite the same way. Anticipating the Year Book at the end of three years promotes class spirit all through training days. Each student-nurse has a personal interest and shares responsibility which not only helps others, but develops her own character at the same time.

The Year Book brings back mental pictures of our friends and the interesting times we have spent together. It means a great deal to one far away from old comrades and associations to be able to bring to mind episodes long past and to recall faces of dear friends.

For the past two years in this School, the third-year students have published a Year Book which has met with the greatest enthusiasm and success. The Year Book is full of interesting things such as various pictures of the hospital buildings and grounds; snapshots of groups of student-nurses taken at different periods during the three years' course and impressions of the class regarding the different members, which are told in poetry or prose as the individual case seems to demand.

Probably the part of the Year Book that will be most prized in later years is the section in which appears the individual photographs of the officers of the School for Nurses, some of the favorite instructors and each member of the class. Accompanying each photograph of the individual members of the Graduating Class is a bit of past, present and in some cases future history. Another section of the Year Book of special interest is devoted to class songs, school yells and famous hospital sayings of famous hospital people. The more serious pages of the Year Book are used to give an account of the special school activities, such as Student Government, the work of the Student Christian Movement and other school interests.

The Year Book has been so successful in our school that I would

not hesitate to advise its introduction into any School for Nurses, especially in the larger schools where the student-nurses have not the opportunity of keeping in as close touch with each other after graduation as they might wish. It is a very satisfactory way in which to help in remembering the days of training and all those who assisted, each in her own way, to enrich those days.

M. R. YOUNG, T.G.H., '24.

STUDENTS IN TRAINING

We come, as probationers or freshmen, entering a new world of learning, and during our first days we look forward with anticipation and keen interest to what is before us in our practical work and studies, wondering if we will ever master our chosen profession.

Day by day we are doing something more progressive than the previous day. At times we become discouraged and think we are not able to accomplish the tasks set before us, but our duties are never so hard that we cannot master them in the end by patience and perseverance. We must never be discouraged from continuing with our work, but try again, and press on in our own way, solving our problems and difficulties the best we can, eager for information and instruction from our seniors and encouraging them by proving by our actions that we are profiting by their work and patience.

We must be truthful at all costs as it is the only way to succeed, and should do all in our power to relieve our patients' state of mind as well as do everything possible for their physical comfort.

We must not criticize our patients unjustly, but try to see their good points—not their peculiarities. Unjust criticism all through our training is to be avoided, as it is not loyal. If we take our work in the proper spirit we shall be thankful for our opportunities of serving our Maker, who has placed us on earth to care for helpless, sick, human beings.

E. H. McHARG,
Jeffrey Hale's Hospital, Quebec.

THREE YEARS—THREE PEARLS

On the silken thread of our mortal lives
Are three score pearls and ten;
Though perchance the string may be incomplete—
Pearls missing towards the end.

On a perfect string that is fairly matched,
They hang with a graceful sweep,
In graduated sequence, strung
From infancy to sleep.

And the largest, most alluring pearls,
Are placed in the centre span.
They speak of the years of service spent
For God and fellow-man.

As the choicest gem from the oyster shell
Tells of the greatest pain,
Even so, our pearls will be sorted out—
Not according to our gain.

But to long, hard hours of honest toil;
To disappointments, fears;
The weariness of common tasks;
The heartaches and the tears.

To our thread we have added three new pearls,
And we know when the string's complete,
They will hang with the ones we value most
As we lay us down to sleep.

(From W.G.H. Year Book, '24.)

Canadian Army Medical Nursing Service

TO PAST AND PRESENT MEMBERS OF THE SERVICE

With this number of "The Canadian Nurse," readers will observe that the Canadian Army Nursing Service Department is reorganized. I have been asked by the Management to accept Honorary Editorship of this Section, and, as anything that touches upon even the fringe of the Army Nursing Service ever holds my warm regard, I accede with great pleasure to whatever duties the post involves.

The work is undertaken with the idea of reporting not only the present activities of all who served at home and overseas, but also that Army Nursing may be accorded its proper place in the front rank of the profession. The aim is to make this Department interesting and instructive to all readers.

Further, there is cherished the hope that by publishing news items with other material, these columns may prove the medium of keeping in closer touch with one another. It is earnestly desired that Nursing Sisters of the Permanent Force, Reserve and Retired Lists, co-operate to keep alive the spirit that animated and made beautiful work and sacrifices mutually shared — accomplishments that despite the passing of the years still shine vividly in the foreground of memory.

During the régime of the previous Editor, "The Canadian Nurse" was warmly sympathetic in all matters concerning the Army Nursing Service, and it is assumed that the same courtesy and kindly interest will continue under the new editorial regimen.

MARGARET MACDONALD.

"LEST WE FORGET"

The Red Cross Summer Home for disabled soldiers opened this year at the Toronto Island brings significantly to mind, to nursing sisters, the fact that there are many fields of usefulness still open to them that their former service has especially fitted them to carry on. These men—"fragments from France," as some suggestively term themselves—are living reminders of those past days of suspense and horror when convoys of these shattered and torn wrecks of humanity were daily received at the hospital huts, and from where some were "patched and passed to Blighty." and some answered the final call.

Such scenes have fastened themselves in the minds of those whose task it was to tend their wounds, to feed the helpless, and encourage the disheartened. No book on Ethics prepared these nurses for their heart-rending task; no previous training provided a special technique for this work. For some it was a constant trial, a lesson of self-discipline and self-government. But it brought to them a quality and experience obtainable no other way; and a loyalty and appreciation of "The Nursing

Profession" that made it possible for them to have given this service. Such a bond must ever link these women together to serve with sympathy and understanding the cause for which these men have fought and bled.

QUEBEC

Miss L. F. McLeod, who has been on the staff of the Montreal General Hospital for the past year, left on July 1st for Torrington, Conn., to take charge of the General Hospital, where a training school for nurses is to be established.

Miss E. D. Handcock, R.R.C., is joining Miss McLeod's staff as Assistant Superintendent.

ONTARIO

Miss Gertrude Spanner, R.R.C., formerly Assistant Superintendent and Instructress of Nurses at the Winnipeg Children's Hospital, has been in charge of the Red Cross Soldiers' summer outpost at Toronto Island. Associated with her were Miss E. McEachren, R.R.C., Miss Agatha Gamble, Miss Margaret Duncan and Miss Alma Finnie, the three latter nurses having received temporary transfer from the Soldiers' Military Hospital.

The names and addresses of the convener and members of the Publication Committee will be found listed in the Official Directory columns. This committee wishes to announce that inquiries regarding the whereabouts or activities of ex-nursing sisters should be sent to the convener or to the provincial representatives. A stamped envelope should be sent with each inquiry. Ex-nursing sisters resident in the United States or abroad are asked to send their names and addresses to the convener, **Miss Maude Wilkinson, 410 Sherbourne Street, Toronto.**

All contributions of professional interest from the provinces relative to this Department should be forwarded to the provincial representative in the respective provinces.

The First Congress of French Canadian Nurses

The first Congress of French-Speaking Nurses was held at the University of Montreal, Montreal, Quebec, on September 8th and 9th, 1924.

Several hundred French-speaking nurses and nursing sisters from Canada and the United States were in attendance.

An evening session was open to the public, when the chief speakers were Dr. S. Boucher and Dr. E. Dube, professor of medicine, University of Montreal.

The afternoon session of September 8th was given to demonstrations in nursing procedures and to a symposium including the discussion of social service, institutional, and private care.

The President's report was given by Sister Fafard, of the Notre Dame Hospital, who stated that the aims of the organization were: (a) to hold an annual congress during which discussions should be held on the various phases of the profession, and on the most up-to-date nursing methods; (b) to prepare the programme for the summer post-graduate courses, and (c) to publish a monthly magazine, called "La Veilleuse," which would set forth all the activities of nurses in every part of the world.

Sister Duckett, of the Grey Nunnery, outlined the future activities and plans of the congress.

Mlle. A. Deland, treasurer, presented the financial report; and the work of the members themselves was outlined by Sister Augustine.

News Notes

NOVA SCOTIA

Report of the Annual Meeting of the Nova Scotia Graduate Nurses' Association

The annual meeting of the Nova Scotia Graduate Nurses' Association was held in Amherst, N.S., on July 16th and 17th, 1924.

The most important items on the programme were:—

(a) The passing of a resolution whereby the standard of admission for candidates to the School for Nurses was raised to that of two years' High School education, or its equivalent. Action arising from this resolution will come into effect in 1926.

(b) The provincial registration examinations will be held biennially, at Halifax and at Sydney.

(c) The Association approved of a uniform fee for private duty nurses.

(d) The report of the committee appointed to make a survey relative to the nursing situation emphasized the need for more nurses in the various branches of the profession.

(e) The Association decided to have published a list of the Registered Nurses in the Medical Society Bulletin.

(f) The formation of County Nursing Societies was advocated, similar to the Medical Societies formed in Antigonish, Cape Breton and Halifax Counties.

On the evening of July 16th, a Public Health meeting was held in the Parish Hall, when addresses were given by Miss Laura Hubley, president of the G.N.A.; and by Dr. Parfitt and Mr. F. Wodehouse, President and Secretary of the Canadian Anti-Tuberculosis Association.

The invitation of the nurses of Sydney, extended by Miss Jennie Calder, to hold the next annual meeting in Sydney, was accepted.

The members of the Association passed resolutions of thanks to various individuals and organizations of Amherst in appreciation of the hospitality offered the visiting nurses.

The officers for 1924-1925 are:—

President—Miss Laura Hubley, Halifax, (re-elected).

Vice-Presidents—Mrs. E. C. Bligh, Halifax; Miss J. Calder, Sydney; and Miss M. S. Watson, Yarmouth.

Recording Secretary—Miss M. F. Campbell, Halifax.

Secretary-Treasurer—Miss L. F. Fraser, Halifax.

QUEBEC

The Montreal General Hospital Alumnae Association

Miss Marion Boa, Class '19, is now in charge of J. semi-private ward.

Miss Grace Tanner, Class '24, is Night Superintendent of University Hospital, Edmonton, Alberta.

Miss Ina Curry, Class '24, is on the staff of the Shriners' Hospital, St. Louis.

Miss Elsie Talbot, Class '24, has accepted a position as Night Superintendent of Pictou General Hospital, Pictou, N.S.

Miss Julina Stewart, Class '24, is on the staff of Sweetsburg Hospital, Sweetsburg, P.Q., as Night Superintendent.

Miss Muriel MacCollum, Class '23, is at present on the staff of the Johns Hopkins Hospital.

Miss Clara McRae, Class '22, has gone to Hartford, Conn., to take charge of a ward in Hartford Hospital.

Miss E. W. O'Dell, Class '16, has taken a position as instructress in a Chicago hospital.

Miss Katherine MacKenzie, Class '23, has been engaged on the staff of the Infants' Hospital, Boston, Mass.

Miss W. Good, Class '24, has accepted a position on the operating room staff of the M. G. H.

Miss Mabel Holt, Class '19, and graduate of McGill School for Nursing, has been engaged as one of the three instructresses in M. G. H. training school.

Miss Janet Wainwright is spending a couple of months abroad.

Miss Mary MacDougall is residing with her sister at Framingham, Mass.

Miss K. M. Wilson has been doing private duty nursing at Murray Bay, P.Q., recently.

Miss Caroline Davis, Class '20, has taken a position as office nurse in the office of Dr. Gordon Byers, in Montreal.

Miss Francis Upton has spent the summer as nurse in charge of the Convalescent Home at Murray Bay, P.Q.

Miss Jean Vizard, Class '20, of Ottawa, is relieving Miss Annie Hogge, Class '24, for holidays, as second assistant night superintendent of M. G. H.

Miss E. B. Ross, R.R.C., who recently resigned as Lady Superintendent of Victoria Hospital, London, Ont., has gone on an extended visit to Scotland.

The engagement is announced of Miss Beatrice A. Moores, Class '12, of Newfoundland, to Mr. Harry Tuck of Keewatin, Ont.

Miss Edythe Ward, Class '23, is relieving Miss Clara Jackson, Class '22, on Ward G., M. G. H., for an extended leave of absense, owing to illness.

Miss Kate Livingston, Class '17, who is on the staff of Lockport City Hospital, at Lockport, N.Y., spent a few days renewing acquaintances in Montreal recently.

Miss Katherine M. Faulkner, Class '20, has recently resigned her position on the staff of Lockport City Hospital, Lockport, N.Y., to undergo an operation for tonsillotomy at M. G. H.

Miss Helen Peters, Class 20, and Miss Dorothy McCarogher, Class '23, have taken charge of L. and M. and C. and D. wards, respectively, at M. G. H. Both nurses have been on S. O. R. staff of the hospital for some time.

Miss Alma Adams, Class '19, who has been in charge of Ward J., semi-private, of M. G. H., for five years, has gone to Iroquois Falls, Ont., in charge of the hospital in connection with paper and pulp industry.

Miss Anna McLeod, Class '23, relieved for the summer months at the Montreal Maternity.

Miss Caroline Barrett, Class '15, Lady Superintendent of the Montreal Maternity, has just returned from attending the six weeks' teachers' summer course at the Teachers' College of Columbia University.

The opening meeting of M. G. H. Alumnae, in September, after the holidays, will take the form of a social night, including Miss Cowen's report from the National Convention held at Hamilton, Ont., in June.

Miss Eleanor Journey, Class '22, fell from her horse while riding, while on her holidays, at her home in N.S., and at present is being treated at M. G. H. for a fractured elbow.

Miss Martha Batson, Class '21, has been given the 1924 scholarship at the McGill School for Nursing by the Committee of the Board of Management of the M. G. H. Miss Batson has chosen the Instructors' Course. She has been in charge of one of the floors at M. G. H. for some time.

Miss Gertrude Bennett, who has been in charge of the Royal Ottawa Sanitorium, Ottawa, will shortly resume her duties as the Lady Superintendent of the New Ottawa Civic Hospital—the amalgamation of St. Luke's and Rideau Street Hospitals of that city.

Miss Louise McLeod has recently accepted the position as Lady Superintendent of the Charlotte Hungerford Hospital, Torrington, Conn. Miss Eleanor Hancock will soon join her as Assistant Superintendent. Both were recent staff nurses at M. G. H. and Miss McLeod is a graduate of the School for Graduate Nurses, McGill University.

Miss Rayside, honorary member of M. G. H. A. A., has resigned after four years as theory instructress at M. G. H., and goes to Hamilton General Hospital as Lady Superintendent. During her sojourn at the M. G. H. Miss Rayside has won the esteem of all who met her and will be greatly missed. The student nurses honored Miss Rayside with a farewell party. All join with best wishes for success in her new work.

The annual dinner to the Graduating Class of '24, at the Ritz Carlton Hotel was a great success, with over one hundred and sixty present.

The graduating exercises in the afternoon of the same day, given by the Board of Management, were very interesting, when the thirty-six new graduates were presented with their diplomas and medals.

The general proficiency prizes were awarded to Misses Grace Tanner and Gladys Buzzell, while the Mildred Hope Forbes prizes for highest aggregate marks during the three years were also awarded to the same two nurses. The opening address was made by the President, Lt.-Col. Herbert Molson, C.M.G., M.C., and L. T. Rea, M.D., spoke to the nurses in a most pleasing address.

ONTARIO

Amasa Wood Hospital, St. Thomas

During the past year the hospital building has been enlarged. The members of the Alumnae Association have raised sufficient funds to furnish a ward in the new addition to the hospital. This ward is called the "Elva Wardell Ward" and is in memory of one of the Alumnae members whose death occurred during the influenza epidemic of 1918.

London, Ont.

Miss Grace Fairley, Superintendent of Nurses, Hamilton General Hospital, for the past six years, has been appointed Superintendent of Nurses, Victoria Hospital, London. Miss Fairley will commence her duties on October 1st.

Miss M. E. Dennison, Instructress of Nurses, Hospital for Sick Children, Toronto, has been appointed as Assistant to Miss Fairley.

Miss Maybelle V. Symonds has resigned her position as Supervisor of Nurses, Victorian Order of Nurses. Miss Symonds has held this position for the past three years, during which time her efficiency has been much appreciated by the executive and her resignation was accepted with deep regret. Miss Symonds will spend some time in her home in Yarmouth, N.S., before leaving for the United States.

Miss Mary Shore, Lambeth, a graduate of the Port Huron Hospital, has been appointed as successor to Miss Symonds. Miss Shore has been a member of the local staff of the Victorian Order of Nurses for some time.

Hospital for Sick Children, Toronto

Classmates and friends of Miss Jean Eleanor M'Craw will regret to learn of her death by drowning at Englehart, on July 25th, 1924. She entered the Hospital for Sick Children in 1917, graduating in October, 1920, with the Sir Edmund Osler Scholarship for the Teachers' Course at McGill University. After an unusually brilliant course at McGill she came back to the Hospital for Sick Children for a short period on relief duty. In June of last year Miss M'Craw accepted the position of Superintendent of the Englehart Hospital in Northern Ontario, at which place her tragic death occurred this summer. Throughout her training she had always evinced a high sense of duty, combined with unusual ability, and the accident which brought her life to a close has been greatly deplored by all those who knew her in her hospital life.

MANITOBA

Brandon Graduate Nurses' Association

The Brandon Graduate Nurses' Association held a special meeting on Friday, September 5th. A good deal of business was transacted and new members were welcomed. We listened with much interest to the resolutions passed at the Canadian National Convention; also to the concise and interesting report of our delegate, Miss Cannon. We regret the loss of Miss Cannon as a member and active worker in our association and wish her much success in her new sphere at the Saskatoon General Hospital.

Miss Sutherland, convener of our programme and social committee, is forced to take a year's rest, and will be very much missed. Miss Nettie McLeod was elected to take her place on our executive, assisted by Miss McCulloch and Miss Burnett.

The meeting closed with a social cup of tea.

SASKATCHEWAN

The Saskatchewan Registered Nurses' Association met in semi-annual convention in Regina on September 5th, 1924. This fall meeting had been arranged to receive the reports of Special Committees and of the delegates in attendance at the biennial meetings of the Canadian and American Nurses' Associations.

There were about fifty nurses in attendance, and many hospital centres throughout the Province were represented, as the nurses' meeting followed the meeting of the Saskatchewan Hospital Association, held in Regina the two preceding days.

The committee which had been appointed at the annual meeting to make an analysis of the replies received from physicians and rural women's organizations in answer to the questionnaires which had been sent out, and to continue the study of nursing needs in the Province, made its report. Owing to the short time intervening since the annual meeting, the Convener (Miss Elsie Nicholson) reported that it had been possible to arrange for only one meeting of the committee; the members had made as full an analysis as possible of the information on hand; no steps had been taken to gain further information. The committee recommended that the study should be continued and that the new committee appointed to do this should also be authorized to make recommendations as to ways and means to meet the need for nursing service in the rural parts of the Province. The recommendation was accepted, and the same committee was asked to act. Miss Nicholson resigned the convenership and Miss C. I. Stewart was appointed to succeed her.

Two delegates from the Hospital Association—Sister Katherine and Miss M. I. Hall, both of Prince Albert—presented for the consideration of the Nurses' Association the subject of new training school regulations recently enacted by Order-in-Council. One, requiring a three months' period for each pupil nurse in a sanatorium for the care of tuberculosis patients, appeared to offer considerable difficulties to a number of the schools and hospitals. The Nurses' Association appointed a committe of three members—Sister Lapierre, Miss S. A. Campbell, and Miss M. F. Gray—and suggested that a committee be appointed by the Hospital Association, and that through the Joint Committee a conference should be arranged to which the University President and the Minister of Health should be invited, to which the Anti-Tuberculosis League should send representatives, and the Provincial Sanatorium and each Training School of the Province should be asked to send the Superintendent of Nurses and another representative from the Teaching Council. It was hoped that by a full discussion of the situation a satisfactory solution might be found of the difficulties indicated in the discussion at the meetings of both Associations.

The Question Box which had been postponed from the April meeting was then opened. No further questions being handed in, those received at that time were read and discussed.

Miss Simpson and Miss Gray, the two delegates to the Hamilton and Detroit meetings, gave full reports of the Conventions. A very clear presentation of the different types of insurance was given by Mr. T. F. Conrad.

The meeting then adjourned, to meet in Annual Convention at Moose Jaw in 1925.

Miss M. M. Gordon, the nurse for some years in charge of the Admitting Department of the Regina General Hospital, left early in June for her home in Ontario. Miss Lottie Styan has taken her place on the staff.

Miss A. Gladys Scott, one of the Supervising Staff of the Regina General Hospital, left Regina in July and is at present on the staff of the Henry Ford Hospital, Detroit.

Miss Zena Miller and Miss Marjorie N. Dance, both Regina General graduates of 1920, are now on the staff of the Ford Hospital.

Miss Beatrice M. Auld Superintendent for the past three years of the Rosetown Union Hospital, recently resigned from this position, and has been succeeded by Miss Elizabeth Morrison, Reg. N., a graduate from the Royal Alexandra Hospital, Fergus, Ontario.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

DELANEY—To Mr. and Mrs. Ernest Delaney (nee Mina Barry, Montreal General Hospital, 1910), at Swift Current, Sask., on July 18th, 1924, a daughter.

RUTHERFORD—To Mr. and Mrs. William Rutherford (nee Libby Aird, Montreal General Hospital, 1922), on July 15th, 1924, at the Montreal Maternity, a son.

GILLESPIE—To Commander and Mrs. Alexander Gillespie (nee Dorothy Downes, Montreal General Hospital, 1915), on August 27th, 1924, at 426 Elm Avenue, Westmount, P.Q., a son.

FYFFE—At Regina, on July 12th, 1924, to Mr. and Mrs. Douglas Fyffe (nee Lillias E. Bunn, Grey Nuns' Hospital, Regina), a daughter.

KIRKBY—At Fort Qu'Appelle, on August 12th, 1924, to Dr. and Mrs. R. W. Kirkby (nee Helga M. Berg, Saskatoon City Hospital), a son.

RENNIE—At Los Angeles, California, on September 5th, 1924, to Mr. and Mrs. Thomas Rennie (nee Gertrude Sinclair, R.N., Royal Columbian Hospital, New Westminster, B.C.), a son.

MARRIAGES

TOMLINSON-FLEMING—At Fort Qu'Appelle, on August 19th, 1924, Miss Elizabeth Jean Fleming (Regina General Hospital, 1917), to Mr. Tomlinson, of Moose Jaw.

KNOWLES-BROCKMAN—At Cannington Manor, on September 3rd, 1924, Miss Beatrice Ellen Brockman (Regina General Hospital, 1923), to Mr. H. Knowles.

SHEEHAN-NINN — At St. Patrick's Church, Hamilton, Ont., on July 12th, 1924, by the Rev. Dean Cassidy, Miss Nora Ninn (St. Joseph's Hospital, Hamilton, 1917), to Mr. James Sheenan, of Dundas, Ont.

KENNARD-ORR-LEWIS—On July 21st, 1924, in London, England, Miss Mary Graham Orr-Lewis, second daughter of Maude, Lady Orr-Lewis (nee Maude Booth, Montreal General Hospital), to Coleridge Kennard, First Secretary in the Diplomatic Service.

MOULTON-CRAIG—On September 3rd, 1924, at 6th Avenue Methodist Church, New Westminster, B.C., Miss Helen May Craig, R.N. (R.C.H., New Westminster, 1923), to Mr. Herbert Roland Moulton, of New Westminster.

BANFORD-McALLISTER—At New Westminster, B.C., on September 9th, 1924, Miss Grace Jane McAllister, R.N. (R.C.H., New Westminster, 1916), to Mr. Harold G. Banford, of Lachute, Quebec.

DEATHS

QUALMAN—At Outlook, Sask., on June 10th, 1924, Esther Elfrida Qualman, a graduate from St. Paul's Hospital, Saskatoon, 1920. Miss Qualman had been nursing in the Outlook district for the past two years.

M'CRAW—Accidentally drowned while swimming at Englehart, on July 25th, 1924, Jean Eleanor, only daughter of Mr. R. G. M'Craw, 10 Glenlake Avenue, Toronto, Ont.

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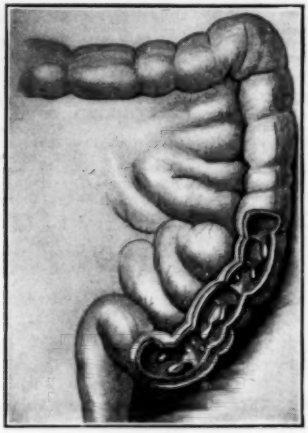

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